

speak with confidence. It is a matter which the discretion of the surgeon will readily adjust.

In treating a fractured thigh bone, it has been deemed of the highest importance to make the extension and counter-extension as near as possible in a line with the fractured limb and the course of the muscles to be acted upon. The merit of Dr. Physick's improvement upon Desault's splint, consists in an approximation to this. It is, however, only an approximation. In the treatment of the case detailed above, the extension and counter-extension were necessarily in a line with the broken bone and the course of the muscles to be acted upon, because the extension is made upon the foot, and the counter-extension consists in the weight of the body above the thigh. Let it not be supposed that such weight is insufficient for all the purposes of counter-extension: I believe it will upon trial be found ample. If it should not, the body of the patient may readily be retained in place by bandages fastened to the head-board as suggested.

Some surgeons are in the habit, as soon as called to a fractured limb to place the patient to harness, and at once subject him to all the pain and distress of splints, bandages, extensions and counter-extensions. Such a course is I think to be condemned not only as unnecessary severity to the patient, but also as adding in many cases additional causes of irritation and fever. I have been in the habit myself of barely at first placing the ends of the bones in such a relation to each other as would prevent irritation—always feeling satisfied, if at the end of the first week, or even early in the second, every measure had been adopted which promised to promote a favourable union of the fractured bones. By this course the patient is gradually accustomed to his confinement, and bears much better the necessary restraints of the treatment than when he is at once subjected to the whole of them.

Savannah, Georgia, 27th March, 1829.

ART. XI. *Remarkable Urinary Calculus.* By R. D. MUSSEY, M. D.
Professor of Anatomy and Surgery in the Medical Institution at
Dartmouth College, Hanover, N. H. [With a plate.]

THE calculus, of which fig. 3, Pl. IV. is a representation, I received in the autumn of 1826, from my friend Dr. SAMUEL NILES, of Post Mills, a small village in Thetford, Vermont, fifteen miles from this place. He informed me that he took it, soon after death.

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from the bladder of Mr. Michael Comstock, a farmer, aged about sixty, who had resided several years in the same village with himself, and who died a few months before, with symptoms of vesical disease, which he presumed to have been caused by the calculus. He remarked that he found the bladder greatly thickened and inflamed. Being then in haste, I parted from the doctor without attending to a detailed history of the case, intending to possess myself of a circumstantial account of it at a convenient time. This, however, was the last interview I had with Dr. Niles, who, during my absence from this part of the country, the ensuing winter, suddenly died. After my return, I visited the village where the doctor and the patient had lived, and obtained of Mr. Daniels, a respectable and intelligent man, the following account of the case.

"Mr. Comstock, who had been his near neighbour, and with the state of whose health he had been acquainted for several years, died in April, 1826. A difficulty in passing his urine, of which he had occasionally complained for nine or ten years, had, in the latter part of that period, gradually increased. During the last year of his life, labour, especially at hoeing, greatly aggravated his pain in the region of the bladder. Four years before his death, he had a violent attack of pain in the region of the bladder, which lasted five or six days, and seriously threatened his life. He was subject, afterwards, to attacks of the same kind, varying in severity, and occurring, on an average, once in three or four months. The attack, of which he died, lasted about ten days, and during this sickness, his chief complaint was of pain in the region of the bladder. He was occasionally sick at the stomach, was feverish, and rested but little." Mr. D. remarked that he was "present at the examination of the body of Mr. Comstock, and saw Dr. Niles remove the stone from the bladder. The doctor took the stone with his fingers, from near the neck of the bladder, where it lay entirely unconfined." Mr. D. "saw the interior of the bladder, it looked very red. The doctor examined other parts of the body, but found no other appearance of disease."

The calculus was carefully sawn through its central portion, and examined by Mr. AUGUSTUS A. HAYES, a gentleman distinguished for his skill in analytical chemistry. The following account is in his own words.

"*Physical Character.*—Colour, after washing, light hair brown. Surface frosted with minute white crystals; translucent, and appears of a yellowish-brown by transmitted light. Its lustre, when broken, is shining, and the recent fracture, presents, with the microscope, facets of minute crystals. Its fracture exhibits its structure, which is derived from concentric layers, presenting shades of hair brown, and leaving an irregular minute cavity in the centre, which extends through all its ramifications. At the point where the branches unite with the mass, the concentric lines correspond to their outer circumference.

"*Chemical Character.*—In diluted nitric acid it dissolves slowly without effervescence, except a few flocculi of animal matter. The turbid solution, by evapo-

ration at a temperature equal to 212° , leaves a white pearly residuum; this exposed to a heat of 300° , becomes orange-coloured in parts. Diluted muriatic acid dissolves a minute quantity, and leaves it unaltered by evaporation.

"On platina foil, over a spirit lamp, it blackens, and evolves an animal and urinous odour, which ceases before the foil becomes red hot. If the temperature is raised to redness, it ignites and burns, (a character of importance when animal and vegetable matter exist in a state of mixture,) leaving a residuum presenting all the characters of lime in a pure state.

"A portion of the calculus was tested for phosphoric acid, by the process adopted by Berzelius; none was detected.

"A fragment after having been heated, was dissolved in muriatic acid, and the lime precipitated by oxalate of ammonia; by evaporating and heating, no fixed salts were obtained.

"From these experiments it is inferred that the calculus is oxalate of lime, mixed with animal matter."

The branched portions of the calculus, a cavity in each of them communicating with a cavity in the central portion, and these cavities containing animal matter, are circumstances which tend to remind one of zoophytic formations, and to lead to the conjecture that something like organization and a low degree of vitality may possibly have existed within these cavities. Be this as it may, the calculus is rare, and suited to excite curiosity.

While on a visit at the south, which occupied most of the winter of 1826-7, I had an opportunity of showing this specimen of calculus to a number of eminent surgeons and mineralogists, connected with the most distinguished medical institutions in our country, none of whom had ever seen or heard of any thing like it. Some months afterwards, Mr. CHARLES U. SHEPARD, of the mineralogical department at Yale College, had the kindness to write me, directing my attention to a description in the Philosophical Transactions, of a calculus somewhat similar, found in France about a hundred years ago. The following account of it is extracted from Martyn's Abridgment, Vol. 9, p. 172.

Of a very extraordinary Calculus taken from the Bladder of a man after death. By the Marquis de Caumont.

The Marquis de C. states that he was induced to send to the President of the Royal Society, the drawing of an uncommon stone, found lately in the bladder of a dead body, which he had engraved in his own presence. It is exactly conformable to the original. The most able physicians and anatomists assured him that they never saw any thing like it. He can vouch that the engraving, though very exact, does not come up to this singular work of nature; the ten branches of

which, spreading from the centre, have some resemblance to those of certain plants. It was a matter of difficulty to think, that the system of juxta-position, which is employed to explain the growth of common calculi, can hold good in this case. He dares not, however, advance, that vegetation has any share herein; though the shape of the stone, of the canals or papillæ, which seemed destined to convey the nutritious juices, in some measure favoured this hypothesis. He thought proper to join to the figure of the stone, an account of the patient's distemper, sent by Mr. Salien, surgeon of Lisle. The fact itself is curious, and may prove advantageous to lithotomists. They will understand, that in a similar case, no other method but the high operation can facilitate the extraction of a foreign body, whose branches must necessarily cause great lacerations, unless they found some favourable circumstances, and that the texture of it were brittle enough to break it before being extracted.

Mr. Salien's account of the above case.—Joseph Dasse, of Le Thor, a small town at a short league's distance from Lisle, in the county of Venaissin, sixty-six years of age, of a robust constitution, a dealer in corn and cattle, having never complained of any indisposition, began, on the 14th of February, 1731, to feel some difficulty of making water, attended by a smarting about the glans, but was not detained from his pursuits. On March 28, 1732, he was seized with a true ischuria, which pained him much. Mr. Salien was sent for on the evening of the 29th, and drew off six cups of water, each containing a pint and a quarter. The patient got immediate relief, having no pains or fever, and thought himself cured. But the pains returning the next night, he removed to Lisle on the 30th, and had his water drawn regularly morning and evening, till April 15th, having, in the mean time, no pains nor febrile symptoms, nor did he lose flesh. On the 15th of April he supped as usual, but half an hour after was seized with a violent shaking fit, which lasted an hour, on which a burning fever ensued, attended with great thirst, head-ache, and restlessness. Mr. S. saw him at 8 P. M. his usual hour, and attempted to draw his water, but found an obstacle, viz. a stone obstructing the passage of the catheter. He turned the instrument to the left, and hit a branch of the stone; the surgeon then drew it back a little, turned it to the right, and hit another branch of the same stone, and arrived at the conclusion that there were several stones in the patient's bladder; and that, if the bad symptoms continued longer, there was no chance of the patient's recovery. The bad symptoms continued, hiccough came on the 20th, and the patient died the 28th.

The extraordinary figure of this stone may furnish matter of much

reasoning to philosophers to know how it could be formed in the bladder, and yet not be troublesome to the patient for so long a time, and what had given it so particular a figure, and so regular a shape.

Sir Hans Sloane on the same case.—The abovementioned stone is so singular, that among hundreds in the possession of Sir Hans, none could compare with it. Once he had a patient sixty or seventy years old, who had great difficulty in passing his urine, and besides was unable to sit in his chair without suffering pain in the region of the *peritoneum*. By the aid of soft medicines and waters, he voided by the urethra a stone flat in the middle and smooth, but had five points resembling the rowel of a spur. The points of the rays were sharp, but there were no asperities or crystallizations on their surfaces. It was small, so as, after many days, to pass along the urethra; but if it had not passed the neck of the bladder, but remained in it, in all probability it would have attracted matter to all the points or rays, and increased in all dimensions.

Fig. 4. Plate IV. is copied from the engraving of this calculus in the *Philosophical Transactions*.

June, 1829.

ART. XII. *Reports of Cases treated in the Baltimore Almshouse Infirmary.* By THOMAS H. WRIGHT, M. D. Physician to the Institution.

CASE I. *Chronic Laryngitis.*—Margaret M'Carthy, aged forty-two, naturally robust constitution, was admitted, May 10th 1827.

Symptoms.—Respiration sonorous, and somewhat laboured, but not painful; voice a hoarse whisper; no fever; cough occurring in paroxysms somewhat severe, without expectoration; pale countenance; not much emaciation; no particular debility, nor other signs of general bad health. In February preceding, she had been attacked by symptoms of croup, as she reported, and was dangerously ill for many days. She recovered slowly, with the alteration of voice, embarrassed respiration, and cough, above described, which symptoms continued ever since, and had undergone occasional exasperation, by cold, fatigue, and other disturbing causes.

The patient had been but a short time in the infirmary, before an acute attack of her disorder supervened. She had been out of the ward for a few hours in the day, and at night complained of feeling